

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

John Anthony Michael Williams

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Chuck Wright; Deputy Moore;
Deputy Lence; Spartanburg County Detention
Center; Spartanburg County Detention Center (SAT)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Attached sheet

Complaint for Violation of Civil
Rights
(Prisoner Complaint)

Case No. 9:25-cv-03989-DCC-MHC

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

2025 MAY 14 AM 11:38

CLERK, CHARLESTON, SC

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

When submitted for filing, your complaint should be accompanied by the full filing fee or an application to proceed *in forma pauperis*.

3 more

Defendants:

Nurse Jeremy Mandall and Nurse Andrea Alerre

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

John Anthony Michael Williams

All other names by which you have been known:

ID Number

540

Current Institution

Spartanburg County Detention Center

Address

950 California AVESpartanburg SC 29303**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Chuck WrightJob or Title
(if known)Warden

Shield Number

Employer

Spartanburg County Detention Center

Address

950 California AVESpartanburg SC 29303☒ Individual capacity☒ Official capacity

Defendant No. 2

Name

Deputy Moore

Job or Title
(if known)
Shield Number

Pod Deputy

Employer
Address

Spartanburg County Detention Center
950 Cal. Perkins Ave
Spartanburg SC 29303

☒ Individual capacity

☐ Official capacity

Defendant No. 3

Name
Job or Title
(if known)
Shield Number

Deputy Lunge
SOT (BMU)

Employer
Address

Spartanburg County Detention Center
950 Cal. Perkins Ave
Spartanburg SC 29303

☒ Individual capacity

☐ Official capacity

Defendant No. 4

Name
Job or Title
(if known)
Shield Number

Jeremy Randall
Nurse

Employer
Address

Spartanburg County Detention Center
950 Cal. Perkins Ave
Spartanburg SC 29303

☒ Individual capacity

☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

4/8/14 arrest without ventilation claim, false
disparate, prescribing inappropriate medication,
deliberate indifference, excessive confinement, see
excessive use of force, police brutality Attached sheet

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Deputy Moore is a paid Deputy, Deputy George B.
BMI Deputy, Scott Dean Deputy, Spunking Curry
Detention Center is a holding facility, and Charles
Wright is Warden of Detention Center - see Attached sheet

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee

B. excessive use of force, police brutality that could deadly resulted in death, Malpractice and negligence

D. Nurse Andrea Atterre is a nurse at the Spartanburg County Detention Center and Jeremy Marshall is a nurse at Spartanburg County Detention Center

- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Spartanburg County Detention Center Pod 3 the weeks
of 1-20-25 - 1-27-25 and from 1-27-25,
2-13-25 and 3-13-25

- C. What date and approximate time did the events giving rise to your claim(s) occur?

1-20-25 - 1-27-25 and from 1-27-25 -
2-13-25.

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

1-20-25 - 1-23-25 I was placed in 740 kitchen and
on 1-20-25 I was placed in 724 kitchen on
my cell by Deputy Moore and Deputy Lutz.

ID:

On the day of my release 2-13-25, I walked for the first time in 16 days, I was released in a wheel chair and Deputy (Peterson) signed my release form and took my medical records, that were supposed to be fixed to nurse not put in the hands of a Deputy. He had the Deputy to transport me back to the Detention Center, when we arrived back at the Detention Center, Deputy () took my wheel chair and had me walk back to my cell, while in the way back to my pod, we stopped at medical to drop my medical records and meds off at medical, the medical records and meds were supposed to be given to the head nurse, but was given to Nurse Jeremy Munkell. He is a defendant in another lawsuit, and he refused to give me my personal copies and my meds. My doctor prescribe me Mucus X and cough syrup and I never received them. I had a doctors appointment 30 days from the day I was release which was Mar-13-25 and Medical and the detention center denied me my appointment and still are refusing to send me to my heart doctor they have told me I will have to go when I'm released. After leaving medical I was placed back in the same cell that I got in kicked in and had to climb up to the top bunks and was cleaned my bottom bunk pass and was given a chair to climb up in. On Mar 15, 2025 Deputy Canfield took my chair and had me placed in lock up for having a chair in the cell even tho it was for medical reasons.

Back

V.

Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

and while lockdown Deputy force pressure waves threw the vents in my cell causing gagging and infection me with FLU, pneumonia, and MRSA in my Lungs my cellmate witness it Medical denial we were in for 2 days and was rushed to the hospital and was in hospital for 16 days

Flu, pneumonia, MRSA in my Lungs and Blood was in I.C.U. Could not breathe nor walk on my own, had to go through therapy to walk and breathe on my own. I was in the hospital for 16 days. Suffered injuries to my heart and lungs. I still have to see the heart doctor, but the Detention Center and medical are denying me to go to my appointment they say I have to go when I'm released from jail, And I'm still awaiting trial

Relief mental and emotional injuries

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

150 million punitive damages and 150 million compensatory for excessive environmental hazards confinement excessive use of force, Police brutality that could have resulted in Death, ventilation clamp, false diagnosis, prescribing inappropriate medication, rate profile, resistance, HIPAA violations, OSHA regulations, Use of force by Detention Deputies

VII.

Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Relief, VI

Denial of medical treatment, Denial or delay of access to
Treatment, Inadequate ventilation of toxic fumes
exposure to dangerous chemicals, toxins, and infectious and Bioterror
fluids, Violating federal regulations cause violation of Patriot
Act, Possessing biological and Chemical weapons with the intent to
use it for harm

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

Spartanburg County Detention Center

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

- ☐ Yes
☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

Inmate Kiosk system

2. What did you claim in your grievance?

that Deputy Moore and other Deputy Force pressure waves
threw the vents of my cell infecting me
with Flu, pneumonia, MRSA in my lungs

3. What was the result, if any?

I seen medical and they lied and said I
was fine and that I had no medical issues
And I then was pushed to the hospital

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I was rushed to the hospital I was
admitted there for 16 days. Flu, pneumonia,
MRSA, and file another grievance when
I was released and then reply again (addressed)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

When I was release from the hospital I
wrote another grievance on the matter
to the warden and major and the respond was
"Addressed"

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) John Anthony Michael Williams

Defendant(s) Wright

2. Court (if federal court, name the district; if state court, name the county and State)

Charleston, SC

3. Docket or index number

9:23-04663-DCC, MHC

4. Name of Judge assigned to your case

Molly H Cherry

5. Approximate date of filing lawsuit

6. Is the case still pending?

☒ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

pending

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes

☐ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

John Anthony Michael Williams

Defendant(s)

Pittgram

2. Court (if federal court, name the district; if state court, name the county and State)

Charleston, SC

3. Docket or index number

9:24-00876 DCC-MHC

4. Name of Judge assigned to your case

Molly H Cherry

5. Approximate date of filing lawsuit

6. Is the case still pending?

☒ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

pending

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____, 20__.

Signature of Plaintiff

John Williams

Printed Name of Plaintiff

Prison Identification # 540

Prison Address

750 California Ave

Spartanburg

City

SC

State

29303

Zip Code

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm